



# KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

## APPLICATION FOR OPERATOR EXAMINATION

### SMALL SYSTEMS

-----FOR OFFICE USE ONLY-----DO NOT WRITE IN THIS SPACE-----

I.D. # \_\_\_\_\_  
FINAL SCORE \_\_\_\_\_  
DISTRICT \_\_\_\_\_

APPLICATION VERIFIED \_\_\_\_\_  
CERTIFICATE # \_\_\_\_\_  
NOTES: \_\_\_\_\_

THIS FORM MUST BE COMPLETED BY THE APPLICANT AND THE \$25.00 FEE RETURNED TO THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT, NO LATER THAN **TWO WEEKS** BEFORE THE DATE OF THE EXAMINATION.

### *PLEASE PRINT*

LOCATION WHERE YOU WILL TAKE EXAMINATION: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_

TITLE (MR.)(MRS.)(MS)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_

TELEPHONE (WORK): \_\_\_\_\_ (HOME): \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EXAMINATION APPLIED FOR

WATER \_\_\_\_\_

WASTEWATER \_\_\_\_\_

(OVER)

YOUR EDUCATION (CIRCLE HIGHEST GRADE COMPLETED)

GRADE SCHOOL 1 2 3 4 5 6 7 8

HIGH SCHOOL 9 10 11 12

COLLEGE 1 2 3 4 5 \_\_\_\_ DEGREE \_\_\_\_\_

## STATEMENT

I, \_\_\_\_\_ AM PRESENTLY EMPLOYED BY \_\_\_\_\_

IN THE OPERATION, MAINTENANCE AND/OR MANAGEMENT OF THEIR WATER SUPPLY SYSTEM OR WASTEWATER TREATMENT FACILITY. (CIRCLE WHICH FACILITY YOU WORK IN.)

**WORK HISTORY** - APPLICABLE TO THIS EXAMINATION. AS PER K.A.R. 28-16-30, THIS SHALL INCLUDE ONLY THAT WORKING EXPERIENCE WHERE THE OPERATOR IS ENGAGED IN THE DAILY OPERATION, MAINTENANCE, OR BOTH, OF A WATER SUPPLY SYSTEM OR WASTEWATER TREATMENT FACILITY.

PRESENT EMPLOYER:      EMPLOYED FROM (YY/MM):      EMPLOYED TO (YY/MM):      HOURS PER WEEK:

DUTIES: \_\_\_\_\_

WHOM MAY WE CONTACT

FOR EMPLOYMENT VERIFICATION: \_\_\_\_\_  
(NAME) (PHONE NUMBER)

**TRAINING ATTENDED** - APPLICABLE TO THIS EXAMINATION (WORKSHOPS, SCHOOLS, CORRESPONDENCE COURSES, ETC.)

<u>COURSE TITLE</u>	<u>LOCATION</u>	<u>DATE</u>
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THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

**SEND COMPLETED APPLICATION AND \$25.00 FEE**

**TO: TERESA SCHUYLER  
KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT  
FORBES FIELD, BUILDING 283  
TOPEKA, KS 66620**

*CHECKS MUST BE MADE PAYABLE TO KDHE AND  
MUST ACCOMPANY THIS APPLICATION*